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THE CASSEL HOSPITAL

FOR

FUNCTIONAL NERVOUS DISORDERS

Swaylands, Penshurst, Kent.

Eleventh Medical Report

TO THE

COMMITTEE FROM THE

M E D I C A L

DIRECTOR.

PRESENTED 31st DECEMBER, 1936.

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The Cassel Hospital for Functional Nervous Disorders.

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The Cassel Hospital for Functional Nervous Disorders.

ANNUAL REPORT TO THE COMMITTEE FROM THE MEDICAL DIRECTOR ON PATIENTS WHO WERE DISCHARGED FROM THE HOSPITAL DURING THE YEARS 1935 AND 1936.

Presented — 31st December, 1936.

THE ELEVENTH MEDICAL REPORT.

THE Medical Director has the honour to present herewith the Eleventh Medical Report of the Cassel Hospital. This covers the years 1934 and 1935. The usual practice of the Hospital in reporting on patients who have been discharged at least one year is thus adhered to. The present report must of necessity be rather brief and confined for the most part to bare essentials, as the Director has no personal knowledge of any patient discharged in 1934 and the first two months of 1935 ; that is, for the greater part of the period under review. One or two minor changes in the system of classification hitherto employed have been made, but on the whole these are unessential.

The report on the year 1934 may now be considered. 143 new patients were discharged during the year and 26 patients who had been under treatment here before, making a total of 169. This compares with 164 new patients and 21 old patients discharged during the year 1930, the last for which an ordinary annual report exists.

The cases for 1934 were made up as follows :—Anxiety States 49 (8 readmitted), Anorexia Nervosa 5 (2 readmitted), Hysteria 26 (2 readmitted), Obsessional States 8 (1 readmitted), Depressive States 45 (9 readmitted), State of Excitement (third manic attack with obsessional features) 1, Schizophrenic States 11 (1 readmitted), Paranoid States 3, Alcoholic Disorders 10 (2 readmitted), Moral Abnormality 3, Organic States 5, Other Psychopathic Types 3 (1 readmitted).

In the Groups 1 (Anxiety States), 2 (Anorexia Nervosa), 3 (Hysteria), 4 (Obsessional States), 34 patients have not been heard of at all since leaving the Hospital out of a total of these four Groups of 88. With regard to the Groups Alcoholic Disorders (9), Moral Abnormality (10), and Other Psychopathic Types (12), 6 patients have not been heard from out of a total of 16. Now these seven groups may be said to comprise those patients for which the Hospital was particularly intended, so that out of a total number of patients in these Groups of 104, 40 have not been heard of since leaving, approximately 38 per cent.

Of affective disorders (for all practical purposes depressions here) 14 out of 45 (1 manic excitement) have not been heard from since discharge, and the fate of 8 of the 11 schizophrenics since discharge also remains unknown. Out of the total of 169 patients 63, roughly 38 per cent., have not been heard of since discharge.

Turning now to the results of treatment this will be done according to category, but first it is essential to mention the fluid boundaries separating most of the categories in question, and to furnish some justification as to why a given case should have been placed where it is.

With regard to the Group Anxiety State, most, if not all, of the patients presenting phobias of different kinds have been included here, though many of them might more properly have been grouped with the Obsessional States. Again, some cases of Depression with anxious colouring may have found their way in here, but on the whole these have been separated as far as possible. There is a great danger that in using the term "Anxiety States" it might be suggested that thereby a psychiatric entity is meant, or again that it might be made a dumping ground like that labelled "Neurasthenic."

The Group Hysteria must also necessarily be a fairly comprehensive one including hysterical characters and those with conversion features and all cases where the hysterical symptoms were not merely a façade or a component of a more fundamental anomaly, say a depression. Cases of the last kind have been grouped under the depressions as "Depression with hysterical features." Exactly the same, of course, applies to obsessional and other more vague "neurotic" components, *e.g.*, headache, undue fatiguability, and these have been put under the depressions, others under anxiety states, largely on the basis of dominant symptoms. Many patients are sent to the Hospital as, *e.g.*, cases of "Obsessional Neurosis," which turn out on investigation to be affective illnesses with obsessional features. This is not to say they are unsuitable for treatment here, but they indicate, *inter alia*, the necessity for caution in assessment of psychotherapeutic claims for their frequently excellent recovery. It might appear that one is unduly stressing this. It seems, however, still necessary to insist on the fluidity and to some extent subjective nature of psychiatric classification. The same arguments apply with equal force to the group "Anorexia Nervosa," unless here we are ultimately to regard this disorder as a pituitary anomaly. It is desirable, however, to retain this term for the present for convenience. The impossibility of setting up two opposed series "organic" and "functional" is a matter of everyday experience.

The results of treatment in 1934 follow. Of the Anxiety States, 14 reported themselves in 1935 as well, 5 as improved, 4 as no better or worse (including 1 readmission), one of whom was in a mental hospital under certificate, 2 died—one soon after discharge from the effects of an operation for cirrhosis of the liver, the other of septic pneumonia one month following discharge, and there was one suicide in the year following discharge. 10 reported themselves as well in 1936; and of these two had not replied in 1935, 6 as improved, but as one was still under treatment this should possibly not be included, 1 as unimproved.

The results in the Anorexia Group were excellent as usual. All three new patients recovered and reported themselves well in 1935 and 1936, one patient who had formerly been under treatment here, however, discharged improved, was in much the same state in 1935 and in 1936 reported that she had developed a gastric ulcer. The other has remained well and is at work.

In Group 3 (Hysteria), seven patients reported themselves as well in 1935, five as improved, four as no better or worse, one was in a mental hospital, two others were readmitted to the Cassel Hospital. In 1936, six reported themselves as well, three as improved, five as no better; of these one did not reply in 1935.

In the Obsessional Group only one patient reported himself as well in 1935, one improved, and two were reported unimproved. In 1936, one was reported well (the one already mentioned), two as improved (one of whom did not reply in 1935) and one not well.

Thus out of a total of 88 patients for the four groups already mentioned, 25 reported themselves well after one year, 12 improved, 10 not well. In 1936, 20 were well (two heard from for first time), 11 improved (one heard from for first time), seven unimproved.

Under Alcoholic Disorders three patients reported themselves as well in 1935, one improved, two no better (one readmitted). In 1936, three were well. No other replies were received.

Of the Moral Abnormality Group one patient replied in 1935, stating he had managed to keep in employment since leaving Swaylands. This youth gambled, drank, and from time to time disappeared to indulge in these tastes. It may be remarked he discharged himself against advice. One Homosexual with unstable temper was described as having adjusted well in 1936 ; he had not replied in 1935.

Of the other Psychopathic Types, two patients were said to be improved in 1935 and another was reported to have made a satisfactory adjustment. One of the improved group was reported as not well in 1936. None of the others was heard from.

Thus out of the seven groups totalling 104 patients, 30 reported themselves as well in 1935, 15 as improved, 12 not well. In 1936, 24 well, 11 improved, 8 not well.

Of the Depressive States, six patients were reported as well one year after discharge, four as improved, 5 as unimproved including those in mental hospitals and one dead. The remaining cases were not followed up, nor was the case of manic excitement. Eight of these patients reported themselves as well in 1936, one of these did not reply in 1935, one was reported improved, three as unimproved, including readmissions. There were no suicides.

Of the Schizophrenic States only five were followed up in 1935. Of these two were reported as well, one of them working, one rather better, one unimproved and one committed suicide. Of these the two reported above as well were similarly reported in 1936.

Of the Paranoid States one improved (conceivably a case of depression), the other, evidently a paranoid psychopath, remained the same. The third was not followed up.

Two of the Organic Cases were followed up in 1935, one an early arteriosclerotic dement, the other a post encephalitic ; both were reported worse. A third, a patient with subacute combined degeneration with paranoid ideas died in a neurological hospital in London the day after discharge.

Classification of the 1934 cases is more difficult than it would otherwise be as the Director, as stated, had not the opportunity of seeing these patients himself.

The patients discharged in 1935—in all 161 patients were discharged from hospital in this year, eight less than the previous year. Of this number 98 were women, 20 of the total were readmissions, 15 women, 5 men. The patients were grouped as follows :—Anxiety States, 23 (3 readmitted) ; Anorexia Nervosa, 2 ; Hysteria 30 (6 readmitted) ; Obsessional States, 19 (1 readmitted) ; Depressive States, 52 (7 readmitted) ; Schizophrenic States, 12 (1 readmitted) ; Paranoid States, 1 ; Alcoholic Disorders, 12 (1 readmitted) ; Moral Abnormality, 1 ; Organic States, 6 ; Other Psychopathic Types, 2 ; Single Symptoms (Insomnia) 1.

The number of patients diagnosed as suffering from Anxiety States is less than half that of the previous year, whilst that of the depressions has risen a little. This is probably related to individual views as to classification. The number of patients diagnosed as suffering from Anorexia Nervosa shows little change. Those classified as suffering from Hysteria and Obsessional States are respectively nearly half as many again and more than double. The number of schizophrenics has very slightly

increased. The number of alcoholic cases also shows a slight increase. The groups classified as Anxiety and Obsessional States, Hysterias, Anorexia, Alcoholic Disorders, Moral Abnormality, Other Psychopathic Types and the case of Insomnia represented 90 patients, so that the proportion of these cases to the others is approximately the same as in 1934. Approximately 54·5 per cent. of the 1935 patients replied to the letter of enquiry.

Of the Anxiety States, eight were described as well one year after discharge (ability to obtain and hold employment is taken as a criterion of recovery), two were improved and five unimproved (in each case readmissions are included). Both the Anorexics were reported as well one year afterwards. The results of both years are in accord with the total hospital experience of this group. Of the Hysterics, five were reported as well one year later, seven as improved, eight as unimproved and one committed suicide. In the Obsessional Group, four patients were well one year later, one improved, five not well and one committed suicide. These results are interesting and are in accord with recent investigations on material obtained from the Maudsley Hospital, in which the prognosis of such illnesses was shown to be not as gloomy as is commonly thought.

Twelve of the Depressives were reported as well one year later, twelve as improved, whilst thirteen were unimproved, one was in a manic state. These results in the Depressives on the contrary conflict with what might have been expected. Seven of those, however, who did not improve were over 40, when a more protracted course is to be expected, and even in younger people depressions often last more than the six to nine months usually expected. Of the Schizophrenics three were reported as well at the end of one year, one improved and two no better, one in a mental hospital. The paranoid patient is interesting, and his case is given below in some detail. He was reported as well at the end of one year following discharge.

Mr. A. B., aged 20, was admitted to the Hospital on 7.3.35 complaining of "wind." The family history was reported negative except for the fact that his mother was nervous of travelling and feared road accidents. His father was a domineering man who ruled the whole family.

With regard to his personal history he was described as a healthy child and his development normal. He had the usual childish complaints but no serious illness. There was no history of a previous breakdown. In childhood, however, he suffered from recurrent nightmares, was afraid of the dark and bit his nails. He attended a well-known minor Public School, which he left at 17. He liked school and appeared to have had no difficulties there. He was perhaps a little below average in his work and failed in matriculation. He played the usual games but without any special aptitude or interest in them. On the patient leaving, his father, who dominated him as he did all his family, and of whom he stood in considerable awe, used his influence to obtain for the patient a post in an important firm which he, the father, believed had considerable possibilities. The boy, however, disliked it intensely, and was miserable for the greater part of the time he was there, as will be described in greater detail later. A shy youth, he had never been able to approach any member of the opposite sex, far less have any intimacy, but indulged for years in masturbation, over which he had intense self reproach. He also came under the influence of the literature of the "Health and Strength" School. He was always extremely sensitive and took slights much to heart. He did not make friends easily and readily knuckled down to his father and to authority in general. He was a little over anxious and over conscientious. A certain hypochondriacal concern is evident from his interest in journals of the kind mentioned.

The present illness began in 1931. He developed (more or less suddenly) a severe bout of flatulence, which he could not control. This became persistent and he said that he passed flatus the

whole time. The day this attack began he noticed that the others in the office remarked about this ; they said nothing definite but continually made comments to each other in such a way that he should hear them. He could not, however, give any such statements verbatim. From this time on he stated that he was more or less continually troubled with wind, that the remarks of his colleagues persisted. He thought that his trouble formed a general topic of conversation in the office. It was noteworthy, however, that it was only the people in the office. Nobody at home or elsewhere commented on it. From the beginning he attended doctor after doctor in search of relief, and persuaded his family of the reality of his symptoms. That this might be a delusion never seems to have crossed anybody's mind, and the father was astonished at the suggestion. Worry over this symptom became more intense, however, and he became more and more unhappy till in January, 1935, he bought a razor and made a determined attempt at suicide. He was treated in a general hospital for the wound and then discharged, after which he had further advice in town, as a result of which he was admitted to Swaylands.

He was a weedy, pale and rather under-developed youth. Physical examination on admission revealed nothing abnormal except a raised systolic blood pressure. He was apathetic and his answers were curt and monosyllabic. He unfolded the story as given in the history and strenuously repudiated any suggestion that he might have been mistaken. When questioned closely about his beliefs he became full of evasion, *e.g.*, nobody noticed it in public places because of smoking, etc., and when the inadequacy of such explanation was shown, promptly produced another as unsatisfactory as the last. Throughout the whole questioning, however, he maintained his apathy. There was no evidence of hallucinosis, passivity feelings or thought disorder. He was moderately intelligent, had a grasp of general information appropriate to his class and educational level. Memory, orientation, etc., showed no impairment.

His troubles were discussed in detail with him, and, in particular, he was reassured about his masturbation. After a month or so he began to improve perceptibly and took more interest in things. He was seized with the determination to enter the medical profession and was especially attracted towards surgery. Later he admitted that he had at least exaggerated a good deal of his troubles and he ceased to complain of flatus. No paranoid features were evident during at least the latter part of his stay. It is doubtful, however, whether he reached complete insight.

His father was particularly pleased with his progress and remarked that " a load seemed to be lifted from his mind." He was eventually discharged 31.5.35, " Much Improved."

Since leaving he has pursued his determination to study medicine, took his matriculation and began his medical studies. Early this year (1937), however, he again wrote to the hospital asking for advice. He was seen and found to be suffering from the old troubles. After two or three weeks, during which he was seen now and then, he reported that he was much better, and he again felt fit for his studies.

Now there is, of course, nothing specially unusual in this case, but it is quoted here at length if only because of possible diversity of diagnostic opinion to which it can give rise as well as to show the ostensible effects of treatment, or at least of the benefit which such a patient can derive from the hospital. The case might, viewed from one angle, be regarded as a depression with paranoid features, or again a psychopathic paranoid reaction, the idea of reference in the sensitive (*sensitiver Beziehungswahn*) or a schizophrenic illness. Only one thing seems certain and that is his probably poor future prospects. It is true the morbid heredity is not pronounced as far as information from a reticent family goes. In this respect the prognosis might not be so bad. The psychological mechanisms uncovered here are of the usual kind in such cases, the " will-to-power " of a weakling with compensatory

strivings and so forth. The investigation of a large number of such cases in this country with elaborate follow-ups over a number of years would help to clarify many of our ideas about certain paranoid states.

Of the Alcoholic Disorders one patient was better and at work, another was still drinking but at work. A third was not drinking but was depressed and finding life as difficult as ever. This was a case of alcoholic pseudoparesis and was reported in the *Lancet*. Two others were no better.

The patient who presented a so-called kleptomania had behaved satisfactorily since discharge.

The patients listed under Other Psychopathic Types did not reply.

The patient with intractable insomnia was much better since discharge, though not as well as on discharge. This result was obtained after one month's treatment, and it is possible if the patient had been able to spend longer the result would have been more satisfactory.

With regard to the Organic Disorders only one—a high grade mental defective with paranoid ideas was reported as improved. The two others, both arteriosclerotic depressives, were no better.

Taking now Groups 1, 2, 3, 4, 9, 10, 12 and 13 out of a total for these Groups of 90 patients, 24 were reported as well at the end of one year or approximately 27 per cent. including the case of alcoholic pseudo-paresis, 10 as improved or approximately 11 per cent., 20 as unimproved, approximately 22 per cent. In addition there were the two suicides mentioned. The others furnished no replies. Thus the favourable reports outweigh the unfavourable. Certainly, of course, without knowledge of the cases of which nothing was heard, these figures mean little.

During the year 1935 many cases could be described as of special interest, but it is impossible to give even moderately detailed abstracts here without unduly expanding the Report. In general it may be said the Hospital continues to deal with the type of material for which it exists.

Turning now to more general questions connected with the work of the Hospital within the last two years, it is, of course, unnecessary to state to the Committee that psychotherapy forms the essential basis of all treatment carried out here, though the importance of team games and occupation therapy as an essential adjuvant is stressed. It has been sedulously sought to preserve the so-called "eclectic" attitude in treatment insisted on by the first Medical Director, and to keep the Hospital free from the influence of rigid schools. It is true to say that every physician on the Staff maintains his independence of approach to the problems, and that no two methods are quite the same. It is thus possible, often, of course, only after investigation, to allot patients to those physicians whose orientation would appear most likely to help the patient. It is made clear that a patient is under treatment in the Hospital and not merely treated by Dr. this and Dr. that, so that if a change becomes necessary or desirable it can usually be made smoothly. At the same time the most scrupulous care is taken to avoid disturbing the personal relationship between doctor and patient, and in no hospital, perhaps, is the patient less aware of the "Administration." The Director, however, feels strongly conscious of the limitations of psychotherapy in certain conditions. He believes, for example, that no amount of psychotherapy will shorten the course of, at least, an endogenous depression, and that psychotherapy has no essential place in the treatment of schizophrenia, in holding which views he is at least in very good company. Nevertheless, full allowance is made here for divergent views held by some of his colleagues, and no difficulty is placed in the way of those who may wish to employ such methods in the illnesses mentioned.

Case Conferences.

These are held weekly and are of two hours' duration or more. A case is presented, however, without showing the patient, a limitation which it is not possible to overcome here.

The Director himself sees every patient admitted in at least one lengthy interview, so that the patient has the benefit of at least two opinions. In cases of special difficulty it is customary for the patient to be interviewed separately by each member of the Staff preceding a discussion of the illness, so that the disability mentioned can in many instances thereby be removed. This prevents locking up the clinical material of the Hospital into separate compartments of which the other doctors know nothing. The necessity of each doctor knowing something about each patient in an emergency is obvious.

RESEARCH.

As repeatedly stated to the Committee the Director is extremely anxious to develop the research possibilities of the Hospital to the full. At present unfortunately this development is nowhere near its maximum, as the time of the Medical Staff is in general so taken up with their ordinary duties, together with the necessity for time off for recreation, by no means excessive, that they shall be fit to carry on those duties. Nevertheless, a certain limited amount has been done.

At present Dr. Scott and the Director are engaged in an investigation of the effects of Benzedrine, and have already published a short paper dealing with certain complications attending its exhibition (see below). It is hoped to publish a longer account of the results obtained in the near future. Various other clinical papers are in contemplation, but the scanty time available for original work has delayed their commencement. Dr. Shearer, for example, is engaged on a study of Anorexia Nervosa.

The Director has stressed more than once the desirability of carrying out work on the heredity of at least certain forms of neurotic illness, and he hopes shortly to have the services of a research worker in this field, working under a grant from the Medical Research Council.

The following are the publications from the Hospital during 1936 :—

Medical Director.

1. " A Case of Alcoholic Pseudo-paresis "—*Lancet*, February, 1936.
2. " Treatment of the Neuroses "—Symposium on mental illness published by *The Medical Press & Circular*, April, 1936.
3. " Prognosis of the Depressions of later life "—*Journal of Mental Science*, Sept., 1936 (work done at the Maudsley Hospital).

Dr. Scott & Medical Director.

4. " Cardio-vascular complications of Benzedrine."—*Lancet*, December, 1936.

Medical Staff.

The Director takes this opportunity of thanking his colleagues for their loyal support and service. Several changes must be recorded. Drs. Paterson and Davy left the Staff of the Hospital in 1935 and 1936 respectively to take up private practice. They were replaced by Dr. W. C. M. Scott and Dr. R. T. F. Grace. Dr. Grace also acted for a time as locum tenens prior to his appointment and Dr. Culver Barker and Dr. Waterhouse acted as holiday locum tenentes in 1935 and 1936 respectively.

Occupation Department and Games.

The Director records with satisfaction the entire reorganisation of the Occupations Department under the able management of Miss Eileen Greaves, who took up her duties in January, 1936. First, the range of activities has been enormously increased, and an appeal is now possible to a wider range of tastes. Miss Greaves, however, is anxious to extend these activities still further and proposes studying other crafts with this end in view. The attendance has greatly increased, and the patients show much more enthusiasm in the work of the Department than formerly. The problem of the occupation of men patients still remains considerable, however, and it is felt that the introduction of carpentering and turning would be of the highest value. It is proposed to submit plans shortly to the Committee for a carpenter's shop. The work in the grounds is too irregular, and often only seasonal, for the continuous employment of many men.

The social side of the Hospital is well catered for by the Matron (Miss P. G. Cragg), and Miss Greaves working under her. Numerous plays and entertainments have been organised by the patients themselves throughout the year, as well as the usual dances, tennis and other tournaments, etc. The games have proved, as always, a popular feature, though it has been found difficult at times to get any considerable number of patients in the cricket and hockey teams. The Director wishes to express his thanks to Commander Hake, the Hospital Secretary, for his services in the Games Section.

Nursing Staff.

There have been a few changes in this within the last two years. The Director takes this opportunity of thanking Miss Cragg (the Matron) and the members of the nursing staff, masseur and masseuse for their services and to all those who have helped in the treatment of the patients. The importance of a suitable nursing staff cannot, of course, be over emphasised.

Concluding this Report it may be said that the Hospital appears to continue to fulfil its essentially unique function in the treatment of the neuroses and those mild forms of mental disorder whose victims require a certain degree of institutional care without the necessity for the stricter supervision of the mental hospital.

1935.

GROUP I.

ANXIETY STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 29	3 months	Anxiety attacks, fear of collapse at home and in trains. Hypochondriasis.	Improved.	Improved.	
2 M. 38	2 months	Anxiety, loss of concentration, lassitude.	Improved.	Not Well.	
3 F. 54	3 weeks	Fears of going out alone and of cardiac failure.	Unimproved.		
4 M. 48	5 months	Afraid to go out alone. Nightmares, etc.	Recovered.		
5 F. 54	2 weeks	Attacks of depression, insomnia, etc.	Improved. Re-ad. 2/8/35 to 30/8/35. Discharged as unsuitable.		
6 M. 44	2 months	Fear of crowded places, meeting people, etc., depressed.	Improved.	Well, at work.	
7 F. 43	3 months	Anxiety symptoms, nightmares, etc., hysterical and paranoid features.	Improved.	Not well.	Not well.
8 M. 38	4 months	Anxiety, insomnia, heavy drinker.	Improved.	Not well.	
9 F. 32	1 year	Various phobias, fears of travelling about, depersonalisation.	Improved.		
10 M. 24	3 months	Diffident, tense, lack of concentration.	Improved.	Well, at work.	
11 M. 51	6 weeks	Fears as to future, indigestion, fits of depression.	Improved.	Improved, at work.	
12 M. 30	4 months	Anxiety, irritability, anorexia, extreme exhaustion.	Improved.	Well, at work.	
13 M. 40	9 months	Fear of travelling in vehicles, etc. Hot and cold sweats.	Improved.	Improved, at work.	
14 F. 29	6 weeks	Anxiety, flatulence, etc., paranoid features.	Discharged against advice. Unimproved.		
15 M. 36	1 year	Fear of strange places. Fear will never work again. Lack of confidence.	Improved.	Well, at work.	
16 M. 24	2½ weeks	Fear he could not do his work, of sitting down to meals, inability to concentrate, etc.	Improved.		

1935.

GROUP I.

ANXIETY STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
17 M. 47	3 months	Fear of closed spaces. Cannot face things. Restlessness, irritability.	Recovered.	Well, at work.	
18 F. 50	3 weeks	Intense anxiety over heart condition. Insomnia.	Unimproved.	Unimproved.	
19 F. 18	9 months	Periodic panics, indecision, inability to concentrate.	Improved.	Improved, at work.	
20 F. 57	3½ months	Attacks of panic, inability to work and to concentrate.	Improved.	Improved.	

1935.

GROUP I.

ANXIETY STATES.

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F. 36	2 weeks	Various phobias of dark, trains, buses, etc.	Left against advice. Unimproved.		
2 F. 39	6½ months	Dyspnœa, difficulty in swallowing, etc.	Improved.	Unimproved.	
3 F. 54	2 weeks	Burning and pulsing sensations, etc.	Improved.		

1935.

GROUP II.

ANOREXIA NERVOSA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F. 26	6½ months	Anorexia, severe loss of weight. Amenorrhœa.	Recovered.	Well, at work.	
2 F. 16	4½ months	Anorexia, lassitude, emotional instability, etc.	Improved.	Well, at work.	

1985.

GROUP III.

HYSTERIA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F. 36	6 months	Psychogenic pains, etc.	Improved.	Not well.	
2 M. 29	4 months	Attacks of trembling, histrionic attacks of weeping. Fear of traffic.	Improved.		
3 M. 49	6 weeks	Psychogenic fugues.	Improved.	Improved.	
4 F. 42	8 months	Hysterical character.	Discharged as unsuitable. Unimproved.		
5 F. 21	1 year	Numerous conversion symptoms.	Improved.	Well, working.	
6 F. 40	9 months	Hysterical character with paranoid features.	Unimproved.	Unimproved.	
7 M. 29	7 months	Hysterical "attacks."	Improved.	Well, at work.	
8 F. 47	3 weeks	Hysterical character.	Left against advice. Unimproved.		
9 F. 27	1 month	Psychogenic fits.	Improved.	Improved.	
10 F. 21	2 months	Hysterical pseudo-dementia.	Discharged unsuitable. Unimproved.	Improved after period of psychogenic blindness.	
11 F. 19	2 months	Hysterical character. Conversion symptoms.	Improved.	Well, at work.	
12 F. 26	6½ weeks	Various paræsthesiæ present on and off for years, exacerbated here by erotic situation.	Improved.	Improved.	
13 F. 53	10 days	Hysterical character.	Unimproved.		
14 F. 34	9 months	Hysterical character. Depressive features.	Improved.	Committed suicide.	
15 F. 31	3½ months	Hysterical character. Phobias.	Improved.	Not well.	
16 M. 30	1 month	Writers' cramp. Psychogenic pains.	Recovered.		
17 F. 30	3 weeks	Fear of going out alone. Psychogenic "fits."	Unimproved.	Not well.	

1935.
GROUP III.
HYSTERIA—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
18 F. 33	2½ months	Hysterical character. Depressive features.	Improved.	Well, at work.	Well, at work.
19 F. 52	3½ months	Hysterical character.	Unimproved.		
20 F. 56	5 months	Hysterical invalidism.	Unimproved.	Not well.	
21 F. 20	3 weeks	Digestive troubles, etc.	Improved.		
22 F. 47	6½ weeks	Hysterical psychopath with depressive features.	Left against advice. Unimproved.	Not well.	
23 F. 19	14 months	Hysterical attacks. Demonstration, etc.	Improved.	Improved.	
24 M. 28	8½ months	Hysterical character.	Improved.	Not well.	

1935.
GROUP III.
HYSTERIA.
Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F. 51	2½ months ✓	Hysterical residuum after organic illness.	Improved.		
2 M. 29	5 days	See 1934 (3) 2.	Unimproved. Readmitted 16/1/35—9/1/36.		
3 F. 30	4 months	Psychogenic nausea, etc.	Improved.	Improved.	
4 F. 28	2 months	Childish. Sexually frigid.	Improved.	Improved.	
5 F. 47	3 weeks	Conversion symptoms.	Improved.	Improved, at work.	
6 F. 31	3 months	Hysterical character.	Improved.	Not well.	

1935.

GROUP IV.

OBSESSIONAL STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 47	6 months	Obsessional doubts as to whether a certain line of conduct was correct. Paranoid features. Everyone against him, etc.	Unimproved.		
2 F. 31	2 years	Obsessional thinking with attendant anxiety. Suicidal impulses.	Improved.	Not well.	
3 M. 55	10 days	Obsessional sexual preoccupation. Impulse to shout out, "I am a Sodomite," in public.	Discharged unsuitable.		
4 M. 20	3 months	Obsessional washing. Sexual difficulties, etc.	Improved.		
5 F. 45	1 week	Obsessional doubts. Could not make up mind about buying clothes, etc. Suicidal ideas.	Discharged as unsuitable to mental hospital.		
6 F. 36	7 months	Pre-occupation with food. Indecision, anxiety, depersonalisation.	Improved.	Readmitted 22/1/36.	
7 F. 49	11 months	Compulsive thinking, feelings of character, "I kill God, I crucify Christ."	Unimproved.	No better.	
8 M. 36	5½ months	Compulsive thinking. Fears he has made mistakes with his work, etc. (Second attack).	Improved.	Not well.	
9 F. 23	2 months	Could not go out alone. Hypochondriacal pre-occupation, etc.	Improved.		
10 F. 29	11 months	Fear of open spaces. Could not go out, etc.	Unimproved.	Not well.	
11 F. 36	20½ months	Obsessional idea she might have stolen stamps.	Improved.	Relapsed, in mental hospital.	
12 M. 19	4½ months	Obsessional fear of scarlet fever germ. Constant washing.	Improved. Back to work.		
13 F. 55	23 months	Obsessional thinking, severe for years.	Improved.	Improved, at work.	
14 M. 23	7½ months	Obsessional washing, etc.	Improved.	Improved.	
15 F. 29	15 months	So-called obsessional character with acute manifestations.	Improved.	Improved, at work.	
16 M. 43	2½ months	Compulsive thinking—outbursts of irritability.	Unimproved.		

1935.

GROUP IV.

OBSESSIONAL STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
17 M. 46	7½ months	Obsessional doubting over his work and fear of legally punishable error.	Improved.	Improved, at work.	
18 F. 45	11 months	Obsessional fear of tuberculosis and dread of contamination.	Improved. Back to work.	Improved, at work.	

1935.

GROUP IV.

OBSESSIONAL STATES.

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 28	20 months	Compulsive thoughts and action, ritual etc., obsessional indecisiveness.	Improved.	Committed suicide.	

1935.

GROUP V.

DEPRESSIVE STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F.	10 days	Intense depression lasting a few days during which patient would not eat, speak or rise from bed. (Third attack.)	Left against advice. Unimproved.	Not well.	
2 F. 35	22 months	Depression with paranoid features.	Improved.	Improved.	
3 M. 69	4½ months	Agitated, self-reproachful, etc. (Third attack.)	Recovered.	Well.	
4 M. 54	1 month	Depressed, lack of confidence, panics, insomnia, etc. (Second attack.)	Recovered.	Improved.	

1935.

GROUP V.

DEPRESSIVE STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
5 F. 39	2 months	Depression. Delusion of unworthiness and of being a sexual danger, etc.	Improved.	Some improvement.	
6 F. 35	2 months	Anxiety, hypochondriasis. Paranoid features, <i>e.g.</i> , poisoning ideas and belief she will be put out of the way.	Discharged unsuitable.	Well.	
7 M. 44	11 months	Depression with hypochondria and some paranoid features.	Improved.		
8 M. 43	2 weeks	Depressed, agitated, self-reproachful, paranoid features.	Discharged unsuitable to mental hospital.	Still in mental hospital.	
9 F. 40	5 days	Depression with paranoid features.	Discharged unsuitable.	Well.	
10 F. 45	3½ months	Depression with agitation, etc.	Improved.		
11 F. 64	5 months	Depression, anxiety, paranoid features.	Improved.	Not well.	
12 F. 40	4 months	Depressed, sleepless, etc. (Fourth attack.)	Improved.	Well.	
13 F. 52	4½ months	Depression with poverty ideas. Hysterical features.	Improved.	Not well.	
14 F. 31	2 months	Periods of depression and elation in former prominent obsessional component.	Improved.	Readmitted 24/1/36 27/5/36	
15 M. 41	5 weeks	Depressed, restless, sleepless, fear of insanity.	Unimproved.		
16 F. 56	2 months	Depressed, difficulty in concentration.	Improved.		
17 M. 50	10 days	Depressed, self-reproachful, suicidal ideas.	Discharged as unsuitable to mental hospital.		
18 F. 43	7 months	Depression with hysterical features. (Second attack.)	Improved.	Not well.	
19 F. 52	1 month	Depression with hypochondriacal features.	Unimproved.	Improved.	
20 M. 30	2 weeks	Depression with hypochondriacal obsessional content.	Discharged unsuitable. Unimproved.		

1935.

GROUP V.

DEPRESSIVE STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
21 F. 39	4½ months	Depression with paranoid and hysterical features. Suicidal attempt whilst here.	Unimproved.		
22 F. 68	3 weeks	Depressed, listless, loss of interest.	Discharged unimproved against advice.	Unimproved.	
23 F. 31	4 months	Depression, self-reproach, fear of insanity.	Improved. Re-ad. 30/1/35—11/5/36	Improved.	
24 M. 45	4 months	Depressed, listless, following mother's death.	Recovered.	Well, at work.	
25 F. 37	2½ weeks	Depression, agitation, self-reproach. Fear of being alone.	Discharged unsuitable. Voluntary patient to mental hospital.	Improved.	
26 F. 42	3 weeks	Depression with numerous paraesthesiae. Depersonalisation.	Left against advice. Unimproved.	Improved.	
27 M. 46	3 months	Depression with prominent obsessional component.	Improved.		
28 M. 49	6½ months	Retarded depression.	Unimproved. Discharged unsuitable as voluntary patient to mental hospital.	Improved. One manic phase and one other depression. Said to be improving.	
29 M. 37	3 months	Depressive psychopath with exacerbations.	Unimproved.	Unimproved.	
30 F. 31	11½ months	Depressed, irritable, self-reproachful.	Improved.		
31 F. 33	5 months	Depression with hysterical features. Occasional fugues.	Unimproved.	In manic state.	
32 F. 50	3 months	Recurrent depression (Fourth attack). Anxiety and hysterical features.	Improved.	Well, at work.	
33 M. 65	8½ months	Depression with obsessional features. Fear he would injure wife, etc.	Improved.	Improved.	
34 F. 45	3 weeks	Depression with hysterical features. Agitated, restless, suicidal fears.	Discharged as unsuitable. Unimproved.		

1935.

GROUP V.

DEPRESSIVE STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
35 F. 54	26 months	Depressive psychopath with hysterical features.	Unimproved.	Unimproved.	
36 F. 54	3 weeks	Depressive state with paranoid features. Paraldehyde addiction.	Discharged unsuitable to mental hospital.		
37 M. 58	5 weeks	Depression, restlessness, hypochondriasis, self-reproach, etc.	Left against advice. Unimproved.	Improved.	
38 F. 27	3 weeks	Attacks of elation and depression with obsessional features, worse in depression.	Discharged unsuitable. Unimproved.	Unimproved.	
39 F. 32	8 months	Depression, dyspepsia, inability to go out—so-called "neurasthenia."	Improved.	Improved.	
40 M. 51	3½ months	Depression. Feelings of indecision, self-reproach, etc.	Improved.	Unimproved.	
41 F. 37	7 months	Depression with obsessional features. (Second attack.)	Recovered.	Well, at work.	
42 F. 40	8 months	Depression with hysterical features, aphonia, etc.	Improved.	Improved.	
43 F. 40	7½ months	Depression, self-reproach, anxiety, insomnia, etc.	Improved.	Recovered.	
44 F. 42	20 months	Apathetic, life not worth living, etc. (Fourth attack.)	Improved.	Recovered.	
45 F. 34	6½ months	Depression, inability to concentrate, etc. (Second attack.)	Recovered.	Well.	

1935.

GROUP V.

DEPRESSIVE STATES.

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F.	10 days	See under 1934.	Improved.	Well, at work.	
2 F. 28	4 days	See May, 1924, and December, 1934.	Unimproved.		

1935.

GROUP V.

DEPRESSIVE STATES.

Readmissions—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
3 F.	2 weeks	Depression with hysterical features.	Unimproved.		
4 F. 55	5 days	Depression, depersonalisation, desire to die.	Improved.		
5 F. 26	3 weeks	Depersonalisation, depression, etc.	Improved.		
6 F. 72	1 month	Depression, lassitude, insomnia.	Improved.	Well.	
7 F. 54	6½ months	Frequent attacks of depression and elation.	Recovered.	Ill again.	

1935.

GROUP VI.

SCHIZOPHRENIC STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F. 27	1 week	Thought disorder. Passivity feelings, etc.	Left against advice. Unimproved.	Well, at home.	
2 F. 32	3½ months	Men in grounds "detectives." Something queer going on, etc. Affective blunting.	Unimproved to mental hospital.		
3 F. 43	6 weeks	Delusion that poison spilt in house was still infecting everything. Began as obsessional illness.	Discharged unsuitable. Unimproved.		
4 M. 31	3 months	Typical schizophrenic, paranoid delusion, <i>e.g.</i> , meanings everywhere.	Improved.		
5 M. 37	2 months	Schizophrenic residual state following acute illness in which he believed he was Jesus Christ, etc.	Improved.	Improved, at work.	
6 M. 14½	2 months	Hebephrenic.	Discharged unsuitable. Unimproved.	Improved.	

1935.

GROUP VI.

SCHIZOPHRENIC STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
7 F. 34	8 months	Paranoid.	Discharged unsuitable. Unimproved.	In a mental hospital under certificate.	
8 M. 27	2 days	Catatonic, impulsive violence, etc.	Discharged as unsuitable under certificate.		
9 M. 22	6 months	Introverted, apathetic, listless, etc.	Discharged unimproved.	Unimproved.	
10 F. 26	3 weeks	Paranoid form.	Discharged unsuitable to mental hospital. Unimproved.	Well, at work.	
11 F. 29	1 day	Paranoid form.	Left hospital against advice. Unimproved.		

1935.

GROUP VI.

SCHIZOPHRENIC STATES.

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 45	1 month	Thought disorder, passivity feelings.	Discharged unsuitable to mental hospital. Unimproved.	Unimproved.	

1935.

GROUP VII.

PARANOID STATE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 20	3 months	Belief he gave off bad smell and that others shunned him accordingly. Sensitive shut-in personality. (Sensitiver Beziehungswahn or perhaps depression with paranoid features.)	Improved.	Well, at work.	Relapsed.

1935.

GROUP VIII.

ALCOHOLIC DISORDERS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 40	3 years	Bouts of drinking. Depressive, suicidal thoughts.	Unimproved.		
2 M. 52	2 months	Chronic alcoholism probably on manic depressive basis.	Improved.		
3 F. 45	1 week	Chronic alcoholism.	Left against advice.		
4 M. 33	5 months	Chronic alcoholism.	Improved.	Still drinking, but at work.	
5 F. 34	6 weeks	Alcoholic paranoid state.	Improved.		
6 M. 34	9 days	Chronic alcoholism.	Discharged against advice. Unimproved.	No better.	
7 F. 35	3 months	Drinking, extravagance with money, etc.	Improved.		
8 M. 45	4 months	Alcoholism in bouts and had D.T.s.	Improved.		
9 F. 50	2 months	Alcoholic pseudoparesis-cyclothymic psychopath.	Recovered.	No alcoholism but depressive ideas. Marital troubles.	
10 M. 31	3½ months	Alcoholic paranoid state.	Unimproved.		
11 M. 40	1 month	Chronic alcoholism.	Improved.	Improved, at work.	

1935.

GROUP VIII.

ALCOHOLIC DISORDERS—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M.	1 week	Chronic alcoholism.	Unimproved. (Re-ad. 14/3/35—28/7/35).	Unimproved.	

1935.

GROUP IX.

MORAL ABNORMALITY.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F. 29	3 months	Shoplifting. (Hysterical basis).	Improved.	No relapse.	

1935.

GROUP X.

ORGANIC STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 40	3½ months	Old G.P.I. "Neurasthenic" syndrome.	Unimproved.		
2 M. 48	3½ months	Arteriosclerotic depression.	Unimproved. Refused operation for abdominal tumour, so discharged.	Not well.	
3 M. 41	6 months	High grade mental defective with paranoid ideas and feelings of inadequacy.	Unimproved.	Reported improved.	

1935.

GROUP X.

ORGANIC STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
4 F. 63	2½ months	Arteriosclerotic depression. Developed cerebral thrombosis whilst in hospital.	Discharged unimproved.	Unimproved.	
5 M. 68	2 weeks	Arteriosclerotic depression. Memory impaired. Attacks of confusion.	Unimproved.		
6 M. 35	5 days	Anxiety symptoms. Advanced pulmonary tuberculosis.	Discharged unsuitable. Unimproved.		

1935.

GROUP XI.

OTHER PSYCHOPATHIC TYPES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 M. 46	4 months	Depression. Explosive outbursts of anger, intense irritability, etc.	Unimproved.		
2 M. 28	18 months	Unstable, never kept a job, extreme inferiority, panics, homosexuality, etc.	Unimproved.		

1935.

GROUP XII.

SINGLE SYMPTOMS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1936	Report in 1937
1 F. 42	6 weeks	Intractable insomnia.	Improved.	Improved.	

1934.

GROUP I.

ANXIETY STATES.

TABLE I.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 47	14 months	Stammers. Feelings of tension.	Improved.		
2 F. 38	1 month	Fear of being alone. Giddiness. Ideas of reference.	Unimproved.		
3 M. 21	6 months	Anxiety attacks. Fear of collapse.	Recovered.		Well.
4 F. 57	1 week	Feared there was no God. Anxiety attacks.	Sent to Tunbridge Wells Hospital where patient died from effects of operation for cirrhosis of liver.		
5 F. 29	5½ months	Tense feelings. Anorexia. Nausea. Phobias of public places. Attacks of panic.	Improved.	Improved.	Improved.
6 F. 31	3 weeks	Spasm and tightness in throat, Indigestion. Fear of death.	Discharged against advice. Unimproved.		
7 M. 33	4 months	Fear of fatigue. Unable to go out alone. Sweating. Fears of insanity.	Improved.	Improved.	Improved.
8 F. 41	6 weeks	Giddiness. Fears of travelling and crowds. Headaches, anorexia.	Improved.		
9 M. 70	3½ months	Restlessness. Fatiguability. Hyper-sensitive to noise.	Improved.	Well.	
10 F. 30	2½ months	Attacks of anxiety. Claustrophobia.	Left against advice. Unimproved.		
11 F. 35	2 months	Dyspnœa. Palpitation. Tiredness. Fears of heart disease.	Recovered.	Well.	
12 M. 39	2 months	Insomnia. Tremor. Choking sensation. Sweating, etc.	Improved.		
13 F. 28	9½ months	Fear of being trapped in theatres, etc., of being fastened in dentist's chair.	Improved.	Re-ad. 3/4/35 to 1/6/35.	Improved.
14 M. 54	2 months	Anxiety. Fatiguability. Feelings of guilt. Sense of inferiority.	Improved.	Well.	

1934.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
15 F. 38	5 months	Indigestion. Nausea. Palpitation. Easily fatigued.	Improved.		
16 M. 43	3 months	Attacks of anxiety on leaving house. (Third attack.)	Improved.		
17 F. 22	5 months	Feeling of insecurity. Afraid of being away from shelter.	Unimproved.		
18 F. 23	5 months	Claustrophobia. Other fears. Inability to concentrate.	Recovered.		Well.
19 F. 42	5 months	Fears of going out alone. Vomiting. Feelings of faintness.	Improved.	Well.	Well.
20 M. 31	2 months	Feared he would injure somebody. Insomnia. Fear of traffic.	Recovered.	Died of septic pneumonia 1 month after discharge.	
21 F. 38	10½ months	Sweating. Discomfort after meals.	Improved.	Still well.	Still well.
22 F. 25	3 months	Panic. Fears of people and heights, etc.	Improved.	Better.	Improving still under treatment.
23 F. 37	2 days	Various fears. Over excitability.	Left against advice.		
24 M. 59	6½ weeks	Anxiety, Indigestion, etc.	Unimproved.		
25 M. 41	8 months	Anxiety. Hypochondriacal fears. Depression.	Discharged unsuitable to mental hospital.		
26 M. 38	2 months	Dyspnœa. Panics. Fears of falling, etc.	Improved.		
27 F. 41	6 weeks	Insomnia, phobias, etc.	Improved.	Well.	Well.
28 M. 50	2 months	Anxiety, Paræsthesiæ, etc.	Improved.		
29 F. 34	11 months	Agoraphobia, etc.	Improved.	Not well.	Not well.
30 M. 35	2 months	Tremor. Inferiority feelings.	Improved.	Improved.	Improved.
31 F. 51	4 months	Numerous phobias of crowds, etc.	Improved.		
32 F. 36	4½ months	Fears of travelling. Dyspnœa, palpitation, etc.	Improved.	Improved.	Improved.

1934.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
33 M. 28	3 years	Panics. Various phobias.	Improved.	Well.	Well.
34 F. 48	3 months	Anxiety attacks. Insomnia, etc.	Improved.	Not well.	
35 M. 37	8 months	Panics. Hyponchondriacal pre-occupation.	Improved.	Well.	
36 M. 33	7½ months	Fear of travelling alone. Had paroxysmal tachycardia.	Improved.	Well.	
37 M. 44	3 months	Fears of insanity. Tremors in legs. Insomnia.	Improved.	Well, at work.	Well, at work.
38 M. 46	7 weeks	Panics. Fear he would injure wife and children. Palpitation, etc.	Recovered.	Well, at work.	
39 M. 19	6½ months	Panics. Indigestion. Tremors. Erythrophobia, etc.	Unimproved.	Under certificate in mental hospital. Later improved.	
40 F. 48	6½ months	Palpitation. Breathlessness. Fear she would lose control of herself.	Improved.		
41 F. 38	7½ months	Depression. Flatulence. Nocturnal panics.	Improved.	Well.	Well.

1934.

GROUP I.

TABLE I.—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 35	15 months	Depression. Panics. Claustrophobia. Depersonalisation. (Four previous circumscribed attacks.)	Improved.		
2 M. 55	2½ months	Fear of illness, etc.	Improved.		

1934.

GROUP I.

TABLE I.—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
3 M. 32	3 weeks	Depression. Hypochondriacal anxiety. Inability to concentrate.	Improved.		
4 M. 19	2 months	See No. 39 on previous page.	Improved.	Not well. In mental hospital.	
5 M. 25	2½ months	Trembling sensations. Fatigue, etc.	Improved.	Suicide.	
6 M. 31	3 weeks	Lack of confidence. Feared social contacts.	Improved.		
7 F. 50	6 days	Indigestion. Insomnia. Terrifying dreams, etc.	Improved.	Well.	Well.
8 M. 39	2 weeks	Panics. Unable to concentrate, etc.	Unimproved.		
9 F. 44	10 days	Depression, indigestion. Distressing dreams.	Improved.	Improved.	Well.

1934.

GROUP II.

ANOREXIA NERVOSA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 18	3 months	Distaste of food. Fear of vomiting and nausea.	Recovered.	Well.	Well.
2 F. 17	5½ months	Tried to get thin. Domestic conflict.	Recovered.	Well.	Well.
3 F. 21	3 months	Anorexia, amenorrhœa, etc.	Recovered.	Well.	Well, at work.

1934.

GROUP II.

ANOREXIA NERVOSA—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 21	1 month	Came in for reassurance. (See previous page No. 3.)	Improved.		
2 F. 33	3 months	Loss of weight. Anorexia, etc.	Improved.	Improved.	Stated to have gastric ulcer.

1934.

GROUP III.

HYSTERIA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 40	21 months	Severe pains in back, abdomen, breasts. Phobia of sex.	Improved.		
2 F. 49	3 months	Severe headaches and abdominal pain. Inability to walk.	Recovered.	Well.	
3 F. 61	5½ months	Unable to walk. Full of fears about herself.	Unimproved.		Unimproved.
4 F. 30	5½ months	Nausea, headache. Shirking responsibility.	Re-ad. 21/11/34—26/3/35.		Well.
5 M. 27	6½ weeks	"Compensation neurosis."	Unimproved.		
6 F. 30	5 years 4 months	Hysterical character.	Unimproved.		
7 F. 44	3 months	Various paraesthesiae. Inability to walk far. Photophobia and increased sensitiveness to heat and cold.	Recovered.	Well, at work.	
8 F. 31	13 months	Various paraesthesiae. Maladjustment. Depression.	Improved.	Well.	
9 F. 46	6 months	Difficult, maladjusted person with various cranky ideas.	Unimproved.	Improved.	Improved.

1934.

GROUP III.

HYSTERIA—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
10 F. 53	6 weeks	Tiredness. Falls down in crowds—escape from intolerable situation.	Improved.	Well.	Well.
11 F. 36	4 months	Emotional instability. Homosexual traits, etc.	Improved.	Improved.	Relapsed (again under treatment elsewhere).
12 M. 39	5 months	Psychogenic pain in tongue.	Improved. (Tip of tongue amputated during treatment.)		
13 F. 28	9½ weeks	Hysterical character on manic-depressive basis.	Unimproved.		
14 M. 48	4½ months	Inability to walk more than a few yards. Limbs twitch. Anxiety, etc. Aphonia.	Improved.	Improved.	Improved.
15 F. 28	16 months	Screaming attacks. Nightmares, etc.	Unimproved.	In mental hospital.	At home. Slightly better.
16 F. 40	3 years	Attacks of dissociation.	Improved.		
17 M. 20	4 months	Psychogenic fugues.	Improved.	Well, at work.	Well, at work.
18 F. 37	2½ years	Inability to walk far without breathlessness. Fault finding.	Improved.	Well.	Well.
19 F. 40	1 week	Hysterical invalidism.	Left against advice.		
20 F. 32	7 months	Functional residuum following organic illness.	Improved.	Not well.	
21 F. 36	8½ months	Psychogenic pains in back, etc.	Improved.		
22 M. 40	5 months	Psychogenic fits.	Improved.		
23 F. 17	6 weeks	Headaches. Pains in back. Unstable mood.	Improved.	Improved.	Not well.
24 F. 19	12 months	Emotional instability. Depersonalisation. Memory disturbance.	Recovered.	Well.	Well.

1934.

GROUP III.

HYSTERIA—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 29	3 months	Hysterical character.	Improved.	Not well. Still under treatment.	
2 F. 17	2 weeks	See previous page, No. 23.	Improved.	Improved.	Not well.

1934.

GROUP IV.

OBSESSIONAL STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 M. 17	5 months	Fears of giving way to impulse to strangle. Depressed, sleepless.	Improved.		
2 F. 26	9½ months	Obsessional thoughts of hypochondriacal kind. Schizophrenic.	Improved.		Improved.
3 F. 40	3½ years	Dirt obsessions, etc.	Improved.	Not well.	Not well.
4 M. 42	5 months	Washing compulsion. Fears of gonococcal infection, etc.	Improved.		
5 F. 17	18 months	Washing compulsion. Other obsessional features.	Recovered.	Well.	Well.
6 F. 36	10 months	Obsession about odd numbers. Compulsive acts.	Unimproved.		
7 F. 59	4½ months	Obsessional fears, e.g., that she has left gas stove on. Fears of insanity and of travelling, etc.	Improved.	Improved.	

1934.

GROUP IV.

OBSessional STATES—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 30	1 week	Obsessional tidiness, etc.	Improved.	Not well.	Improved.

1934.

GROUP V.

DEPRESSIVE STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 26	6 months	Exhaustion, tiredness, dreamy feelings. Depersonalisation (Dep. psychopath).	Improved.		
2 F. 31	6 weeks	Depression with obsessional and paranoid features.	Improved.	Not well.	
3 M. 60	4½ months	Depression, self reproach, etc. (Second attack).	Discharged as unsuitable.		
4 M. 50	4 months	Depression, ideas of unworthiness. Idea of immortality. Attacks of agitation.	Discharged as unsuitable.		
5 M. 23	3½ months	Depression followed by manic phase. (Third attack of depression.)	Unimproved.	Not well. No details.	
6 M. 63	5 weeks	Depression, insomnia, anxiety. Phobias of hurting self and others. (Second attack of depression.)	Improved.	Much improved.	
7 M. 19	5½ months	Depression, anxiety, etc.	Recovered.		Not well.
8 F. 47	4½ months	Depression, ideas of persecution, self-reproach.	Improved.	In mental hospital.	
9 F. 41	2½ weeks	Hopeless, wished for death. Irritable.	Unimproved.	Improving.	
10 M. 19	7 weeks	Depression. Headaches. Neuralgic pains, insomnia.	Improved.	Well.	Well.
11 M. 56	5 months	Depression. Emotional instability. Out of touch with God.	Improved.	Dead.	

GROUP V.

DEPRESSIVE STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
12 M. 19	4½ months	Had attempted suicide before admission. Depressed, discontented.	Improved.	Well.	Well.
13 F. 47	12 months	Depression. Easy fatiguability. Self-reproach. Some hysterical features.	Improved.		Re-ad. Jan.-July. 1936.
14 M. 47	2 months	Agitated, worry over masturbation. Out of touch with God. (Second dep. attack.)	Improved.	Not quite well.	Improved.
15 M. 59	2½ months	Depression. Inability to concentrate. Self-reproach.	Discharged as unsuitable. Unimproved.		
16 F. 48	5 weeks	Depression. Believes soul is damned, brain gone, talks of suicide.	Discharged as unsuitable. Unimproved.	In a mental hospital.	
17 M. 22	1 month	Depression. Cannot concentrate. (Several attacks of depression.)	Recovered.	Well, at work.	Well, at work.
18 F. 47	20 months	Depression. Fear of cancer. Hypochondriacal.	Improved.	Working but not very well.	Much better, working.
19 M. 45	6 months	Depression with agitation. Hypochondriacal delusions.	Discharged unsuitable to mental hospital.	Improved. Still in mental hospital.	Better, at home.
20 M. 40	5 weeks	Depression. Poverty ideas. Fear of the future.	Discharged as unsuitable.		
21 F. 24	1 week	Depression. Inability to make decisions. Suicidal ideas.	Discharged unsuitable to mental hospital.		
22 F. 60	3 weeks	Numerous pains all over.	Discharged unsuitable to nursing home.		
23 F. 52	2 weeks	Depression, anxiety, hypochondriacal fears.	Discharged against advice.		
24 F. 54	2 months	Recurrent depression with obsessional features. (Thirteenth attack.) (During this stay really a "mixed state.")	Unimproved.		No better.
25 F. 42	4 months	Depressed. Hallucination telling her to harm people, etc. (Second attack.)	Unimproved.		Better.

1934.

GROUP V.

DEPRESSIVE STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
26 M. 51	8 days	Depression. Self-reproach, anxiety.	Discharged as unsuitable.		
27 M. 58	7 months	Depression with obsessive fears alternating with brief period of elation (manic depressive).	Improved.	Well.	
28 M. 23	3 months	Anorexia, loss of weight. Belief bowels were blocked, and that he could not urinate.	Improved. (Had severe relapse after discharge.)	Well.	Well.
29 M. 40	5 months	Depressed. Discontented with life, etc.	Improved.		
30 M. 60	2 days	Depression. Delusions of sin.	Unimproved.		
31 M. 26	5 weeks	Depressed. Delusion of bodily ruin.	Recovered.		
32 M. 49	1 day	Anxiety, vague apprehension. Weariness, exhaustion paroxysmal fibrillation.	Discharged against advice.		
33 M. 30	11½ months	Depression. Depersonalisation. Some anxiety symptoms.	Improved.	Fairly well, at work.	
34 M. 45	10 days	Depressed. Self-reproachful. Believed he had swindled firm, etc.	Unimproved.		
35 M. 58	2 weeks	Depressed. Self-reproachful, retarded.	Unimproved. Went home and developed coronary thrombosis and failed to return.	Improving.	
36 M. 54	5½ weeks	Depressed, retarded, etc.	Improved.		

1934.

GROUP V.

DEPRESSIVE STATES.—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 40	5 months	Depression. Fatiguability.	Improved.		
2 M. 28	7 months	Alternating phases of depression and elation (repeated attacks for last 8 years).	Improved.		
3 M. 31	12 days	Depression with paranoid features.	Discharged against advice. Improved.	Improved.	
4 F. 40	5 weeks	Depression with hysterical features.	Recovered.	Well, working.	Not well.
5 F. 50	1 week	Depression with hysterical features.	Recovered.	Well.	Is well.
6 F. 60	3 months	Depression, anxiety, etc.	Unimproved.	Dead.	
7 M. 24	2 weeks	Anxiety. Inability to concentrate. (Second attack.)	Recovered.	Not well.	Well.
8 F. 48	3 weeks	Depression with poverty ideas and paranoid features (followed by manic attack).	Discharged unsuitable to mental hospital.	Well, at work.	
9 F. 40	4 months	Depression with paranoid features.	Improved.	Not well, but working.	

1934.

GROUP VI.

STATE OF EXCITEMENT.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 24	12 months	Manic attack with obsessional features. (Third attack.)	Unimproved. Discharged as unsuitable to mental hospital.		

1934.

GROUP VII.

SCHIZOPHRENIC STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 M. 31	2 days	Suspicious, negativistic.	Discharged to mental hospital as unsuitable.		
2 F. 24	8 days	Giggled, bizarre behaviour.	Discharged to mental hospital as unsuitable.		
3 F. 35	2½ weeks	Aloofness, thought disorder, etc.	Discharged as unsuitable.		
4 F. 24	3 months	Earlier acute episode, now thought disorder, strange thoughts, etc.	Improved.	Suicide 17/8/34.	
5 F. 41	10 days	Auditory and visual hallucinations. Developing stupor.	Discharged unsuitable to mental hospital.	Well.	Well.
6 F. 29	3½ months	Former acute episode, after which deterioration of conduct.	Unimproved.	Not well.	
7 F. 29	4½ months	Hypochondriacal ideas.	Unimproved.	Rather better.	
8 M. 19	4 months	Bizarre bodily pre-occupation. Belief in his supernatural powers.	Recovered. Working for months.		Well.
9 F. 44	3½ months	Depression, paranoid ideas.	Unimproved.		
10 M. 17	3 days	Believed he was spied on. Hypochondriacal delusions. Auditory hallucinations. Thought disorder.	Discharged unsuitable to mental hospital.		

1934.

GROUP VII.

SCHIZOPHRENIC STATES.

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 48	9 months	Auditory and visual hallucination. Thought disorder.	Improved.		

1934.

GROUP VIII.

PARANOID STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 52	8 months	Felt her rights constantly infringed, resentment, etc. (Paranoid psychopath.)	Unimproved.	Unimproved.	
2 F. 46	1 month	Victim of a plot to attract husband away from her, etc. (Depression?).	Improved.	Improved.	
3 F. 48	3½ years	Suspicious, jealous of and accusing husband of infidelity, etc.	Unimproved.		

1934.

GROUP IX.

ALCOHOLIC DISORDERS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 M. 30	2 months	Much beer drinking. Homosexuality. Attacks of violence.	Unimproved.		
2 M. 37	7½ months	Alcoholic bouts followed by fugues and restlessness.	Improved.	Working.	Working.
3 M. 50	2 months	Anxiety, insomnia, irritability, tremors. (Chronic alcoholism.)	Improved.	Well.	
4 M. 19	2 weeks	Anxiety attacks. Drinks heavily all the time.	Discharged unsuitable to inebriates home.		
5 M. 34	12 months	Bouts of drinking, many of which end in his removal to institutional care.	Unimproved.	Re-ad. 11/2/35— 18/2/35.	
6 M. 46	5 months	Alcoholic bouts. Depression. Anxiety.	Improved.	Well.	Well.
7 F. 39	6 months	Alcoholic bouts.	Improved.	Unimproved.	
8 M. 36	18 months	Alcoholism in bouts.	Improved.	Much better.	Well.

1934.

GROUP IX.

ALCOHOLIC DISORDERS—*contd.*

Readmissions.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 F. 36	1 week	Drinking and drug addiction.	Unimproved.		
2 F. 35	4½ months	Drinking in bouts.	Unimproved.		

1934.

GROUP X.

MORAL ABNORMALITY.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 M. 27	10 months	Homosexuality. Great sense of inferiority. Unstable temper.	Improved.		Well.
2 M. 21	4 months	Lying, stealing, drinking, affective poverty.	Unimproved.		
3 M. 26	2½ months	Gambling, drinking, periodical disappearances to indulge these tastes.	Left against advice.	Improved. At work since leaving Swaylands.	

1934.

GROUP XI.

ORGANIC STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 M. 65	7 weeks	Forgetful, lack of concentration, instability, depression (arteriosclerotic dementia).	Unimproved.		

1934.

GROUP XI.

ORGANIC STATES—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
2 F. 48	3 weeks	Sciatica, diagnosed as neurotic. Secondary carcinomatous deposits in sacral spines.	Discharged unsuitable.		
3 M. 50	1 month	Anxiety. Affective lability, tremor (early arteriosclerotic dementia).	Improved.		Worse.
4 M. 45	2 months	Post-encephalitic Parkinsonism.	Improved.		Worse.
5 F. 58	5 days	Subacute combined degeneration of the cord with paranoid ideas.	Unimproved. Discharged to West End Hospital. Died next day.		

1934.

GROUP XII.

OTHER PSYCHOPATHIC TYPES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 M. 30	3 weeks	Unstable person with doubts regarding his marriage. Threats to wife to shoot himself, etc.	Improved.	Improved.	Not well.
2 M. 15	6 weeks	Phobias, moody behaviour, uncontrolled.	Unimproved.	After treatment by osteopath said to be improved.	

1934.

GROUP XII.

OTHER PSYCHOPATHIC TYPES.

Readmission.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1935	Report in 1936
1 M. 33	11 months	Explosive irritability, hypochondriacal preoccupation, paranoid features.	Improved.	Well.	

